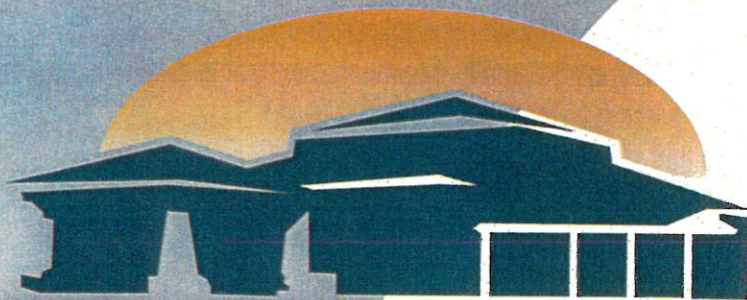


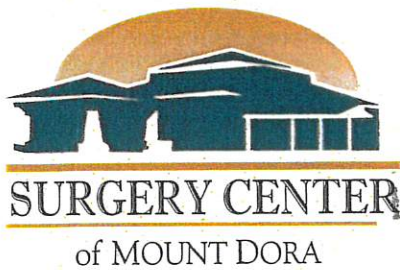
**Patient Information  
Packet**



**SURGERY CENTER**  
of MOUNT DORA

3710 Lake Center Drive  
Mount Dora, Florida 32757  
352.383.1268  
[www.scmdflorida.com](http://www.scmdflorida.com)





3710 Lake Center Drive  
Mount Dora, Florida 32757  
352.383.1268

The Surgery Center of Mount Dora offers a world class surgical experience in a convenient location. At The Center you will find some of the finest, most well-respected physicians and staff in Central Florida. Our Surgery Center is a new, modern facility with no parking hassles, and you don't have to worry about the complicated maze of hospital buildings.

The particular types of procedures involved typically require more care than is usually available in your doctor's office but which do not require an extensive hospital stay. At The Center we care for a wide variety of surgical needs.

The Center is known for having state-of-the-art equipment as well as performing the very latest in procedures.

If outpatient surgery is in your future, the only place to consider is the Surgery Center of Mount Dora.

### MAP



### *Directions*

**From Mount Dora:**  
Take Hwy 441 North,  
turn South on 19A.  
Turn left on  
Lake Center Drive.

**From Leesburg:**  
Take Hwy 441 South,  
turn South on 19A.  
Turn left on  
Lake Center Drive.



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## The Surgery Center of Mount Dora

### Pre-Surgery Information

The day before your surgery a nurse from the surgery center will attempt to call you at the number you provide to your physician's office nurse when you initially schedule your surgery. This phone call is made in an effort to obtain information about your medical/surgical history. Often patients are unavailable to receive this call for various reasons (ex, work, school, etc.). Please review the checklist below the day before your surgery and follow the instructions to avoid any delays on the day of surgery. If you have any questions regarding your surgery please call your physician's office nurse.

☐ Nothing to eat or drink after midnight the night before surgery. No water, food, gum, cough drops, smoking, etc. When you arrive at the surgery center you will have had nothing to eat or drink since midnight of the evening before. If you fail to follow this instruction it is likely your surgery will be cancelled.

*Note: If your case is scheduled to begin after 12 noon, check with your surgeon's office nurse for any change in the above time.*

☐ No jewelry allowed in the Operating Room including body piercings. Please leave all jewelry at home.

☐ Wear loose fitting comfortable clothing. What you arrive wearing is what you leave in. Tight clothing is uncomfortable after surgery and you need room in your clothing to fit around newly placed bandages, splints, casts, etc.

☐ No contacts or glasses OR if you need contacts or glasses to see for driving, signing consents, etc. it is okay to wear them to the Center but please bring a case to put them in. You will be required to remove them prior to surgery.

☐ Dentures and hearing aids may be worn to the surgery center. You will be required to remove them prior to surgery.

☐ Females of child bearing age will need to provide a urine sample upon admission to the pre-op area.

☐ Home medications - all patients taking prescription medications on a daily basis will be asked to fill out a "Home Medication List" form. Please bring a list of your home medications or bring in the

## **The Surgery Center of Mount Dora**

medication bottle so that you can use this as a reference for the medication name and dose.

**NO MORE THAN TWO ADULT VISITORS** allowed in the waiting room area.

You must have a legal identification card and insurance card to complete the registration process prior to surgery. If you do not have an identification card updated with your current utility bill showing your correct address.

You may call the business office if you have concerns about your insurance coverage.

The nurse from SCMD will review your medications and instruct you as to which medications you will need to take **the morning of surgery**.

### **Surgery involves 3-4- Billing Entities**

**Our Bill.** Surgery Center of Mount Dora is the facility bill. We will be billing you for the use of the surgery suite, recovery room, medications, supplies, equipment. Please call 352-383-1268 for questions regarding this fee.

**Surgeon fee.** This is for the professional services provided by your surgeon. Please contact the surgeon's office for questions regarding this fee.

**Anesthesia services.** At SCMD, anesthesia is provided by Anesthesia Management Solutions (AMS). Questions concerning their fees can be directed to their billing service at 1-866-653-2540.

**Pathology.** If your surgeon sends a specimen for pathology, the pathologist who examines the specimen will bill you for his services.

Payment is due in full unless prior arrangements have been made.



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## The Surgery Center of Mount Dora

### Your Surgery Schedule

You have been scheduled for out-patient surgery at the Surgery Center of Mount Dora.

Doctor: \_\_\_\_\_

Procedure: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_

### ARRANGE FOR A RIDE HOME AND AN ADULT COMPANION FOR 24 HOURS

*Anesthesia and medications  
will slow your reflexes and  
may make you feel drowsy.*

*Driving would be  
dangerous and you MUST  
arrange for a ride home.*

*DO NOT use public  
transportation  
(i.e. buses, taxis, etc.).*

## **The Surgery Center of Mount Dora**

### **Physician Ownership Disclosure –**

#### **REQUIRED Reading PRIOR to Your Procedure**

The partners listed below make up the partnership of Surgery Center of Mount Dora. An interest in this facility enables them to have a voice in the Administration and Medical Policy of this health care institution. This involvement helps to ensure the finest quality surgical care for their patients.

The partners listed below take great pride in providing excellent patient care:

**Jack Cassell, MD**

**Vrej Manoogian, DO**

**Borys Mascarenas, MD**

**Ronald Roth, MD**

**Victor Torres, DPM**

**Primary Care Alliance, L.L.C.**

Non owner physicians who utilizes our facility

**Anthony Emelianchik, DPM**

**James Phillips, DO**

**Steven Pillow, MD**

**J. Samuel Moak,III, MD**

**Dwight Vaught, MD**

**Breanna Ferguson, DPM**

**Sujata Balulad, MD**

**German Mikheyev, DPM**

**Jeffrey Brink, MD**

**Avi Bhandary,MD**

**Mohammad Abbas, MD**

Some of the physicians also perform surgery at other facilities in Lake County. If you have a preference of where your procedure is performed, please let us know. Special emphasis is placed on patient feedback so that we can always treat you professionally and courteously.



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## The Surgery Center of Mount Dora

### **Patient Rights and Responsibilities - REQUIRED Reading PRIOR To Your Procedure**

**Each person receiving service in an ambulatory care facility shall have the following rights:**

- To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
- To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
- To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
- To be fully informed from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of not treatment, risk(s) of treatment, and expected result(s). If this information would be determined to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
- To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record. A patient receiving care in a health care facility or in a provider's office has the right to bring any person of his or her choosing to the patient accessible areas of the healthcare facility or provider's office to accompany the patient while the patient is receiving



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## **The Surgery Center of Mount Dora**

### **Patient Rights and Responsibilities (continued) -**

#### **REQUIRED Reading PRIOR To Your Procedure**

inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider;

- To be included in the experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;

- To voice grievances regarding treatment or care that is (or fails to be) furnished or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;

- To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;

- To confidential treatment of information about the patient.

- i. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or peer review, or unless the information is needed by The Department for statutorily authorized purposes.

- ii. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;

- To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;



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## The Surgery Center of Mount Dora

### **Patient Rights and Responsibilities (continued) - REQUIRED Reading PRIOR To Your Procedure**

- To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;
- To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient;
- To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility or deciding to ; and
- To expect and receive appropriate assessment, management and treatment of pain as an integral component of the person's care.
- To exercise his or her rights without being subjected to discrimination or reprisal

#### **You have the responsibility...**

- To provide the facility with accurate and complete information about your present complaints and your past health history.
- To be considerate of other patients, physicians and facility personnel. To show respect for the belongings of others and facility property.
- To discuss your health problems with only those involved in your care.
- To request your records through the facility.
- To inquire as to the name and purpose of any personnel caring for you.
- To say whether or not you understand a contemplated course of treatment and your obligations in the administration of the treatment.
- To cooperate with any research or experimental project in which you consent to participate.
- To inform the staff that translation is required.
- To provide the facility with the necessary information for insurance processing and to be prompt in payment of facility bills.
- To be cooperative during recommended treatment.

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## **The Surgery Center of Mount Dora**

### **Grievance Mechanism**

The Center for Specialized Surgery administrative staff is available to help with any concerns or suggestions you may have regarding your stay. Complaints will be investigated and a response provided under the provisions of the facility grievance mechanism. Please contact:

Administrator

352-383-1268

If a grievance or complaint is not solved to the patient's or family's satisfaction, the grievance may be filed in writing with the Department of Health. Contact:

Office of the Ombudsman for the Institutionalized Elderly

Division of Elder Advocacy

Department of the Public Advocate

4040 Esplanade Way

Tallahassee, FL 32399-7000

850-414-2000

State of Florida Health Department

Hotline: 1-800-955-8770

Any concerns regarding patient care may also be reported to the accrediting body. Contact:

The Joint Commission Office of Quality Monitoring

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

800-994-6610

You may also contact the Centers for Medicare and Medicaid (CMS).

Contact:

CMS Ombudsman

[www.cms.gov/center/ombudsman.asp](http://www.cms.gov/center/ombudsman.asp) or 1-800-633-2273



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## **The Surgery Center of Mount Dora**

If still dissatisfied with physician, patients or their legal representative may file a complaint with the Florida State Board of Medical Examiners. The board is prohibited from arbitrating or adjudicating fee disputes.

Florida Board of Medicine  
Allison Dudley, Executive Director  
Department of Health  
4052 Bald Cypress Way, BIN # C03  
Tallahassee, FL 32399-3253  
Phone: 850-245-4131  
Fax: 850-488-9325  
Complaints Toll Free: 888-419-3456  
[www.doh.state.fl.us](http://www.doh.state.fl.us)

Any concerns regarding patient care may also be reported to The Joint Commission at 800-994-6610.

You may also contact the Center for Medicare and Medicaid Ombudsman (CMS) at 800-633-4227 or [www.cms.gov](http://www.cms.gov).

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## **The Surgery Center of Mount Dora**

### **REQUIRED Reading PRIOR To Your Procedure**

#### **Advance Directives**

The presence of an Advance Directive in a medical record indicates the patient's preference for continued medical care and should be noted. The patient will be questioned during the interview process. The Surgery Center will NOT honor do not resuscitate orders of an advanced directive. In the event of a patient transfer or transfer of medical records from this facility, the Advance Directive Document should be part of the record sent.

#### **Making your wishes known**

What would happen if you experienced a serious medical problem and could not speak for yourself? Would someone know your wishes concerning medical care, life support and other interventions?

If you have an Advance Directive your doctors and healthcare team will know exactly what your wishes are. Advance Directives are legal documents that help ensure that your wishes are carried out when you are unable to speak for yourself. Such a document can save your family a lot of anguish because they don't need to second guess your wishes. And keep in mind that you can change your Advance Directive at any time.

There are two types of Advance Directives: the Living Will and the Designation of Health Care Surrogate Form (also known as a Durable Power of Attorney for Healthcare).

#### **Living Will**

The Living Will document lets your physician(s) and others know your choices regarding the use of life prolonging procedures if you are unable to make decisions for yourself. Your physician and your Health Care Surrogate are obligated by law to follow the directives of the Living Will.

#### **Designation of Health Care Surrogate**

The Designation of Health Care Surrogate document allows you to appoint another adult person to make healthcare decisions on your behalf when you are unable to do so. It is recommended that you appoint an adult who knows your wishes and will carry them out. It is suggested that you choose a person who has exhibited special care and concern for you and has maintained regular contact and is familiar with your personal, religious, moral and cultural beliefs. Your Health Care Surrogate will have the authority to make all medical decisions on your behalf according to your wishes, including but not limited to the withholding/withdrawal of life prolonging procedures.

It is recommended if you are single, divorced, or in a complicated family situation that you complete a Designation Of Health Care Surrogate Form.

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On the day of surgery, you will be required to sign a form stating you received the information on Patient Rights and Responsibilities, Physician Ownership, and Advance Directives and that you do not have any further questions.